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STATE OF ILLINOIS
DWIGHT H. GREEN, Governor



**RULES, REGULATIONS AND
SUPPLEMENTARY INFORMATION FOR THE
CONTROL OF VENEREAL DISEASES**

Revised and In Force Throughout Illinois

JANUARY 1, 1945

Issued by

THE DEPARTMENT OF PUBLIC HEALTH

ROLAND R. CROSS, M.D., Director

Compiled by the Division of Venereal Disease Control

(Printed by Authority of the State of Illinois)

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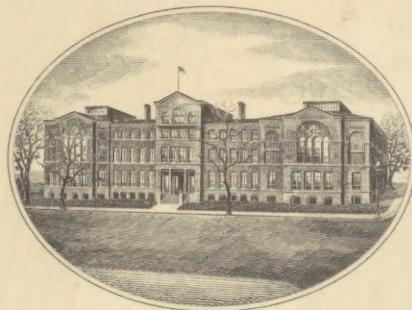
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venereal disease control

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I. RULES AND REGULATIONS FOR THE CONTROL OF VENEREAL DISEASES

OFFICIAL NOTICE

In accordance with authority vested by law in the State Department of Public Health, I, Roland R. Cross, Director of the State Department of Public Health, do hereby promulgate the rules and regulations for the control of venereal diseases, and all previous rules and regulations in conflict with the following rules and regulations are hereby annulled. These rules shall be in force and effect on and after January 1, 1945.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the Department of Public Health to be affixed.

DONE at the CITY OF SPRINGFIELD, this first day of January, in the Year of our Lord, Nineteen Hundred and Forty-five.



A cursive signature in black ink that reads "Roland R. Cross, M.D."

ILLINOIS DIRECTOR OF PUBLIC HEALTH

RULE I—DEFINITION OF VENEREAL DISEASES

Definition

Syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma inguinale, hereinafter designated venereal diseases, are hereby recognized and declared to be infectious, communicable and dangerous to the public and are declared reportable.

RULE II—REPORTING OF VENEREAL DISEASES

A. By Whom and To Whom

Reporting of Venereal Diseases

(1) It shall be the duty of every physician, drugless healer, nurse, attendant, druggist or pharmacist, laboratory worker, dentist, police official, superintendent or principal directing officer of a hospital, jail, house of correction, asylum, home or similar institution, or other person having knowledge of a known or suspected case of venereal disease, to promptly report such case to the local health authorities.

(2) In counties and cities having a full time health officer, such reports shall be made to that officer. In all other areas such reports shall be made directly to the Illinois Department of Public Health at Springfield.

(3) Upon receipt of a report of venereal disease, the local health authority shall within twenty-four hours forward the same to the Illinois Department of Public Health, Springfield, except in cities having a population of 500,000 or over. The Director of the Illinois Department of Public Health may agree to accept daily tabulated reports and monthly and annual statistical reports from such cities.

(4) Information identifying specific persons as infected with venereal diseases shall be confidential and shall be inaccessible to the public. No names, addresses or other information concerning a patient shall be divulged except upon order of a court of record in a legal proceeding pending therein, upon request from other official health agencies, or by authorization of the patient.

(5) Cases of venereal disease shall be reported on special forms furnished by the Illinois Department of Public Health to the physicians, or in cities having a population of 500,000 or over, the reports will be made on similar forms furnished by the city health department.

(6) All venereal disease reports shall state either the name or the key or code number, address, age, sex,

color, marital status, number of children, and occupation of the patient, name and address of employer of the patient, as well as the diagnosis, laboratory findings, name and address of the contacts of the infected individual; also if solicitation occurred, the name and address of the person soliciting and place of solicitation whenever it is obtainable.

B. Reporting of Laboratory Results

Public and private diagnostic laboratories shall report within twenty-four hours to the Illinois Department of Public Health or its duly authorized agent all positive results obtained in the examination of specimens submitted from cases of syphilis, gonorrhea, chancreoid, lymphogranuloma venereum and granuloma inguinale. These reports shall state the name, key, or code number of the person examined, the name and address of the physician or other person submitting the specimen, the laboratory result, the method employed and the date. They will also submit a monthly report on forms furnished by the Illinois Department of Public Health giving the following information:

- (1) Total number of tests done for the different venereal diseases.
- (2) The number found positive.
- (3) The names and addresses of the physicians who submitted the positive specimens.

In cities with a population of over 500,000 such reports will be sent directly to the City Health Department.

C. Reporting of Termination of Case

Upon termination of treatment of a case of venereal disease, which has been reported by name, code or key number, the attending physician shall report the fact to the Illinois Department of Public Health or to the health authority, to whom the original report was made, giving name, (code or key number), the date upon which the case was terminated and upon what grounds the case was terminated (i.e., "Cured", transferred to another physician, lapsed treatment, etc.). If the diseased person discontinues treatment and is still in an infectious or potentially infectious condition (Rule III), the physician shall advise such diseased person that further treatment is necessary. If no notification of transfer to another physician has been received by him after lapse of ten days, the name and address of such patient shall be

reported to the Illinois Department of Public Health or to the health authority to whom the original report was made. The Illinois Department of Public Health or its representative will then take the necessary steps to bring the infectious patient again under control, making every effort to return the patient to the physician originally reporting the case.

RULE III—STANDARDS FOR THE DIAGNOSIS AND THE RELEASE OF VENEREAL DISEASE CASES

Diagnostic Standards

A. Acute and Chronic Gonorrhea

1. Diagnosis

A diagnosis of infectious gonorrhea will be established when a person has either clinical signs, symptoms and history of acute gonorrhea or is found to have positive laboratory findings, such as:

- a. Typical culture of gonococcus.
- b. A positive smear of gram negative intracellular diplococci typical of gonococcus in form and arrangement.

2. Minimum Period of Control (Males)

The period of control after the completion of treatment in all cases of gonorrhea in *MALES* shall be based on the following minimum criteria:

- a. Freedom from discharge.
- b. Clear urine (two-glass test).
- c. Three successive negative gonorrhreal cultures on urethral specimens taken at intervals of at least 24 hours,

or

Three negative urethral smears (stained by Gram method) on three examinations at intervals of not less than 24 hours.

- d. Sounds should not be used.

3. Minimum Period of Control (Females)

The period of control after completion of treatment in all cases of gonorrhea in *FEMALES* shall be based on the following minimum criteria:

- a. Absence of any clinical findings of active gonorrhreal infection.
- b. Three successive negative gonorrhreal cultures on urethral and cervical specimens, and also from secretions of Skene's and Bartholin's glands, if any, taken at intervals of at least 48 hours,

or

Period of Control (Males)

Period of Control (Females)

Two successive negative gonorrhreal smears on urethral and cervical specimens, and also from secretions of Skene's and Bartholin's glands, if any discharge, taken at intervals of at least 48 hours and repeated for two successive weeks.

The smears and cultures, as outlined above, shall be taken according to techniques recommended by the American Neisserian Medical Society.

B. Syphilis

1. Diagnostic Classification

- a. Primary syphilis (chancre present).

The diagnosis of primary syphilis will be established when *Treponema pallidum* can be demonstrated in a lesion or in an adjacent lymph node.

- b. Secondary syphilis.

The diagnosis of secondary syphilis will be established in the presence of characteristic lesions of skin or mucous membranes, with or without lymphadenopathy, and with a positive blood test for syphilis.

- c. Asymptomatic syphilis of 4 years or less duration.

This diagnosis will be established in a person with a known history of syphilis of 4 years duration or less and in whom no skin or mucous membrane lesions can be demonstrated.

- d. *Syphilis in pregnant women.

- e. Asymptomatic syphilis of more than 4 years duration.

Persons with a known history of syphilis of more than 4 years duration and with no evidence of other forms of late syphilis will be diagnosed as asymptomatic syphilis of more than 4 years duration. Other forms of late syphilis (see f, g, & h) will be established in conformance with appropriate clinical and laboratory findings.

- f. Cardiovascular syphilis (see under e).

Uncomplicated aortitis

Aortic regurgitation

Aneurysm

Other or undetermined

Infectious
Syphilis

Potentially
Infectious
Syphilis

Probably
Non-infectious
Syphilis

* See under Minimum Period of Control.

- g. Neurosyphilis (see under e).
 Asymptomatic (spinal fluid changes only)
 Tabes dorsalis
 Paresis
 Other or undetermined
- h. Late syphilis other than above (see under e).
 Skin
 Bone
 Liver
 Other visceral
- i. **Prenatal (congenital—infected before birth).
 The diagnosis of prenatal syphilis will be established when:
1. There is a known diagnosis of syphilis in the mother,
 and
 2. Characteristic clinical findings associated with a positive blood test are present in an infant under 8 weeks of age
 or
 3. Repeatedly positive blood tests are found in an infant over eight weeks of age with or without clinical findings.
- Interstitial keratitis
 Other or undetermined

Period of Control

2. *Minimum Period of Control*

To prevent the spread of infection all cases of infectious and potentially infectious syphilis shall remain under continuous medical care until all syphilitic lesions have healed and a minimum of 20 injections of an arsenical and 20 injections of a heavy metal or its equivalent has been administered. To insure maximum benefit from treatment and guard against the occurrence of complications which may later incapacitate the patient, additional treatment is advised.

The object of treatment in syphilis in pregnancy is to protect the unborn child. Treatment beginning and ending with an arsenical should approximate as nearly as possible that for infectious syphilis, but will depend upon the condition of the patient and the time available.

C. Chancroid

1. *Diagnosis*

After the exclusion of early syphilis by re-

** Syphilitic infants with florid eruptions are infectious and should be handled as such.

peated darkfield examinations and blood tests, the diagnosis of chancroid will be established in the presence of clinical findings associated with a positive specific skin test or a smear or culture in which the Duecley bacilli can be demonstrated.

2. *Minimum Period of Control*

Cases of chancroid shall be kept under observation and treatment until all ulcers and discharging buboes are fully healed.

D. *Lymphogranuloma Venereum*

1. *Diagnosis*

After exclusion of early syphilis and chancroid, a diagnosis of lymphogranuloma venereum will be established in the presence of typical clinical findings associated with a positive specific skin test.

2. *Minimum Period of Control*

Cases of lymphogranuloma venereum shall be kept under observation and treatment until all acute inflammatory lesions have healed.

E. *Granuloma Inguinale*

1. *Diagnosis*

After the exclusion of early syphilis and chancroid, a diagnosis of granuloma inguinale will be established in the presence of clinical findings associated with the laboratory demonstration of Donovan bodies.

2. *Minimum Period of Control*

Cases of granuloma inguinale shall be kept under observation and treatment until all skin lesions are fully healed.

RULE IV—INFORMATION AND ADVICE

Information
and Advice

It shall be the duty of every physician who treats venereal diseases to give to the patient or to a responsible member of his family or to his guardian a circular of information and advice concerning venereal diseases. These may be obtained from the Illinois Department of Public Health.

RULE V—CHANGE OF PHYSICIAN

Change of
Physician

A physician, whenever visited by a person for the treatment of a venereal disease, shall ascertain the name and address of any other doctor who previously may have diagnosed or treated the venereal infection. He shall then report the change of physician to the Department of Public Health, the former physician, or both.

RULE VI—CONTROL OF SUSPECTED CASES OF VENEREAL DISEASE

**Examination
of Suspected
Cases**

All state, county, city and other health officers shall use every available means to ascertain the existence of, and to investigate all cases of syphilis, gonorrhea, chancreoid, lymphogranuloma venereum and granuloma inguinale within their several territorial jurisdictions for the purpose of obtaining the names of contacts of infectious cases and causing such contacts to be examined. Whenever a health officer shall have reasonable grounds to believe that any person within his jurisdiction is suffering from, or is infected with, any infectious venereal disease and is likely to infect any other person, said health officer shall cause a medical examination to be made of the suspected person in order to determine whether or not such person is in fact suffering from or is infected with an infectious venereal disease. Such persons may be detained in a hospital or other suitable place in accordance with Rule VII until the results of the necessary examinations are known, provided that the required examinations shall be made by the health officer, or at the option of the person to be examined by a licensed physician who, in the opinion of the health officer, is qualified for this work and is approved by him. Such examination shall be in accordance with standards set forth in Rule III and the results of the examinations, if performed by a licensed physician, shall be reported to the health officer. No certificate of freedom from venereal disease shall be issued to or for the person examined.

**Persons
Refusing
Examination**

Whenever a person reasonably believed to be infected with an infectious venereal disease refuses to submit to clinical and laboratory examinations or refuses to permit such specimens of blood or bodily discharges to be taken for laboratory examinations as may be necessary to establish the presence or absence of venereal disease, it shall be the duty of the health officer to place such person under quarantine in accordance with Rule VII until such time as the necessary examinations are made.

**Suspected
Persons
Defined**

A suspected venereally infected person is a person who has been in direct or indirect intimate contact with a case of venereal disease or an infective carrier.

The existence of reasonable grounds to believe that a person may have a venereal disease and is thereby a suspected case includes cases where an infected person names or identifies another person as having been in intimate contact with him or her.

RULE VII—ISOLATION AND QUARANTINE

**Isolation and
Quarantine
Defined**

Definition :

By *isolation* is meant the separation of a person suffering from a communicable disease, a carrier of the infecting organism, or a person suspected of having such a disease or of being a carrier, from other persons to such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to non-immune persons.

By *quarantine* is meant the limitation of freedom of movement of any person infected with a communicable disease, or who has been exposed to a communicable disease and is capable of spreading infection, for the definite period of time stated in these rules as they pertain to venereal diseases.

Quarantine being preventive, it is not necessary that persons quarantined or isolated be actually sick with the disease.

Cases of suspected venereal diseases and those so diagnosed, if in an infective stage are, in the discretion of the Department of Public Health or its authorized agent, subject to the following regulations governing isolation :

- (a) Whenever possible, cases of venereal disease subject to isolation and quarantine, should be cared for in hospitals.
- (b) Any person so quarantined and detained may at the patient's request be cared for at the patient's expense by the patient's physician in any hospital or institution approved by the State Department of Public Health or its authorized agent, but may not be released from quarantine until final examination is made by the State Department of Public Health or its authorized agent.
- (c) No patient under treatment by a physician, who has assumed responsibility that the patient will observe proper precaution to prevent the spread of the disease, shall be pronounced cured or released from control or quarantine until he has been pronounced non-infectious after applying standard clinical and laboratory tests and a terminal examination is made by the State Department of Public Health or its authorized agent.

RULE VIII—PERSONS AIDING IN VIOLATION OF QUARANTINE**Violation of
Quarantine**

It is unlawful for any person to aid or abet another person in violating quarantine or isolation after it has been established. It is a misdemeanor and subject to the penalties provided in Chapter 111½, Paragraph 24, Illinois Revised Statutes (Smith-Hurd).

RULE IX—EXPOSURE OF OTHERS TO INFECTION PROHIBITED**Exposure of
Others to
Infection
Prohibited****Occupations**

(1) No person knowing himself or herself to be venereally infected, shall inoculate any other person with any venereal disease, or perform or commit any act which exposes any other person to inoculation of, or infection with, any of said diseases.

(2) Such persons as are found to be diseased whether confined in a given area or allowed to circulate at will, shall not engage in any occupation, the nature of which is such that there is likelihood that the disease may be imparted to others in the course of the occupation.

**School
Children**

(3) Any school child who is suffering from infectious venereal disease shall be excluded from school; he shall be re-admitted only after a statement, that he is no longer infectious, has been received from his physician by the authorized health authority and a terminal examination has been made by this authority.

RULE X—RESPONSIBILITY FOR MINORS**Responsibility
for Minors**

When any minor has acquired a venereal disease, his or her parents or guardians shall be responsible for the compliance of such minors with the requirements of the rules and regulations pertaining to venereal diseases.

RULE XI—PLACARDS**Placards**

When a health department determines it necessary to protect the public health, premises shall be placarded in the following manner: A red card of dimensions not less than 6 by 10 inches, bearing at least the inscription, "Venereal Disease", printed in black with bold face type not less than 1½ inches in height and "Keep Out", printed in black with bold type not less than one inch in height, shall be affixed in a conspicuous place at each outside entrance of the building, house or flat as the case may be.

Removal

Defacement or concealment of such placards or their removal by any person other than the local or State authorities is strictly prohibited. The local health authority shall remove the placard when the case or carrier has been removed or is cured or is no longer infectious. (See Rule III).

Premises
to be
Placarded

The following premises may be placarded by or on order of the local health authority:

- (a) Premises used for immoral purposes, when such premises are known to harbor a person afflicted with an infective venereal disease, or a person reasonably believed to be infected with an infective venereal disease as described in Rule VI.
- (b) Premises in which the person infected with a venereal disease cannot be isolated or controlled otherwise.
- (c) Premises which infected persons are known to frequent for making contacts for immoral purposes.
- (d) Premises that have been placarded shall be regarded as under quarantine and no person shall enter such quarantined premises except attending physicians, ministers of the gospel, local and state health authorities and their authorized representatives and visiting nurses properly trained in the control of communicable diseases. Wage earners, under special restrictions, may enter and leave quarantined premises in the performance of their duties.

RULE XII—CERTIFICATE OF FREEDOM FROM VENEREAL DISEASE

Health
Certificates

No physician, local health authority or other person shall issue certificates of freedom from venereal diseases to or for any person, except as designated by law or by these rules and regulations.

RULE XIII—REMOVAL FROM ONE HEALTH JURISDICTION TO ANOTHER

Removal from
One Health
Jurisdiction
To Another

No person having or suspected of having a venereal disease in an infectious stage shall move or be removed from one health jurisdiction to another, without first securing permission to do so from the local authority of the place from which removal is to be made, or from the Illinois Department of Public Health. Such permission may be granted under the following conditions:

- (a) That the object of the proposed removal shall be deemed by the issuing health officer as urgent and legitimate and not for the purpose of relieving one community of an undesirable burden at the expense of another; or
- (b) That removal is necessitated in order to utilize the facilities of a medical institution for treatment, isolation and quarantine; and

- (c) That removal will be made without endangering the health of others, either in transit or at destination; and
- (d) That the patient, requesting permission to move, agrees to report in person to the local health authority immediately upon arrival at destination, or agrees to place himself or herself under the care of a reputable physician (to be named in the removal permit) on arrival at destination, and attending physician assumes responsibility for fulfillment of this agreement; the address of patient or his new place of employment after removal shall be known and stated; and removal shall not be made within twenty-four hours after notice of removal has been forwarded by first-class mail to the health officer at proposed destination of the venereally infected person, which notice shall be made out and signed by the health authority granting permission for removal.

If a patient fails to report to the local health officer or to the physician named in the removal permit, the local health officer shall make a determined effort to locate said patient at the new address or place of employment and take necessary control measures.

RULE XIV—EXAMINATION OF INMATES OF JAILS, MEDICAL INSTITUTIONS, ETC.

**Examination
of Inmates
of Jails, Medical
Institutions,
etc.**

Any person apprehended and/or committed to or confined in any lock-up jail, house of correction or other penal or correctional institution, detention hospital, or any State, county or city charitable institution, shall be given a thorough medical examination at the time of admission to determine the existence of any venereal disease. If a person is found to be infected with any venereal disease in an infectious stage, he shall be removed promptly to quarters where proper treatment and control can be maintained and there held in quarantine for such time as is necessary to render the patient non-infectious.

A report of any such case found shall be made by the superintendent or other administrator of the institution or by the attending physician to the local health authority within twenty-four hours after the facts are known. All institutions of the kind named shall keep proper records readily available in which are shown the dates, diagnosis, name, date of report, number of the case and the signature of the reporting person.

No superintendent or other administrative officer shall discharge any prisoner, who is suffering from a venereal disease in an infectious or potentially infectious stage or who is a carrier of a venereal disease, without first reporting to the state or local health authorities at the point of destination, the name and street address of such person, the disease and the date of intended discharge. Such person shall be referred to the local health authority at the point of destination where appropriate plans for isolation and quarantine shall be made. If he does not report within three days from the date of discharge, the health authority shall notify the Illinois Department of Public Health.

RULE XV—GIVING FALSE INFORMATION

**False
Information**

It is a violation of these rules for any diseased person or for any physician, drugless healer, pharmacist, dentist, hospital superintendent, laboratory worker, attendant, nurse, or other person of whom information is required by these rules, knowingly to give an incorrect name and address or to impart false information regarding a venerally infected person.

RULE XVI—PROSTITUTION AS IT PERTAINS TO VENEREAL DISEASE CONTROL

**Prostitution
As it Pertains
to Venereal
Disease**

The repression of prostitution is hereby declared to be a legal and police measure. In view of the fact that venereal diseases are spread substantially by prostitutes and promiscuous girls, all local health officers shall give full support to the police department in its efforts to repress prostitution.

Whenever local health authorities have reason to believe that certain locations are breeding places of venereal disease, they should immediately report the addresses to the police authorities for their appropriate investigation and action on their findings.

II. STATUTES DIRECTLY OR INDIRECTLY AFFECTING VENEREAL DISEASE CONTROL

Power of State
Department of
Health

AN ACT in relation to public health. (Par. 22-24,
Chapter 111½, Illinois Revised Statutes 1943.

22. POWER OF DEPARTMENT.] Sec. 2. The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State. It has supreme authority in matters of quarantine, and may declare and enforce quarantine when none exists, and may modify or relax quarantine when it has been established. The Department may make such rules and regulations and such sanitary investigations as it may from time to time deem necessary for the preservation and improvement of the public health, and may regulate the transportation of the remains of deceased persons. All local boards of health, health authorities and officers, police officers, sheriffs, constables and all other officers and employees of the state or any county, village, city or township thereof, shall enforce the rules and regulations so adopted.

The Department of Public Health shall investigate the causes of dangerously contagious or infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become epidemic, in any village or city, and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the city or village for which services are rendered.

The Department of Public Health may establish and maintain a chemical and bacteriologic laboratory for the examination of public water supplies, and for the diagnosis of diphtheria, typhoid fever, tuberculosis, malarial fever and such other diseases as it deems necessary for the protection of the public health.

24. PENALTIES—HOW DISPOSED OF.] Sec. 7. Whoever violates or refuses to obey any rule or regulation of the Department of Public Health shall be liable to a fine not to exceed \$200 for each offense or imprison-

Penalties
for Violations

ment in the county jail not exceeding six months, or both, in the discretion of the court. All prosecutions and proceedings instituted by the Department of Public Health for violation of its rules and regulations shall be instituted by the Director thereof, and each State's Attorney shall prosecute all persons in his county violating or refusing to obey the rules and regulations of the Department of Public Health. All fines or judgments collected or received shall be paid to the State Treasurer.

* * * * *

**Prenatal
Health Law**

AN ACT concerning blood tests for pregnant women for the purpose of preventing prenatal syphilis. Par. 113a-113c, Chapter 91, Illinois Revised Statutes 1943.

113a. BLOOD TESTS FOR PREGNANT WOMEN, AS TO SYPHILIS.] Sec. 1. Every physician, or other person, attending in a professional capacity a pregnant woman in Illinois, shall take or cause to be taken a sample of blood of such woman at the time of the first examination. Said blood specimen shall be submitted to a laboratory approved by the State Department of Public Health for a serological test for syphilis approved by the State Department of Public Health. In the event that any such blood test shall show a positive or doubtful result a second test shall be made. Such serological test or tests shall, upon request of any physician in the State, be made free of charge by the State Department of Public Health or the Health Departments of cities, villages and incorporated towns maintaining Health Departments.

113b. BIRTH CERTIFICATES, STATEMENTS AS TO SUCH BLOOD TESTS.] Sec. 2. In reporting every birth or stillbirth, physicians and others required to make such reports shall state on the birth certificate or stillbirth certificate, as the case may be, whether a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed, together with the date when the blood specimen was taken and the name of the laboratory making the test. In no event shall the birth or stillbirth certificate state the result of the test.

113c. STATE DEPARTMENT OF HEALTH TO ADMINISTER ACT CONCERNING BLOOD TESTS FOR PREGNANT WOMEN.] Sec. 3. This act shall be administered by the State Department of Public Health.

* * * * *

AN ACT to revise the law in relation to marriages, Par 6a, Chapter 89, Illinois Revised Statutes 1943.

**E X A M I N A T I O N F O R V E N E R E A L D I S E A S E — C E R T I F I C A T E
O F N E G A T I V E F I N D I N G S — F I L I N G — L A B O R A T O R Y T E S T S —
I S S U A N C E O F M A R R I A G E L I C E N S E S I R R E S P E C T I V E O F L A B O R A T O R Y
T E S T S A N D C L I N I C A L E X A M I N A T I O N — P E N A L T I E S — L I C E N S E V O I D A F T E R 3 0 D A Y S .]** Sec. 6a. All persons making application for a license to marry shall at any time within fifteen (15) days prior to such application be examined by a duly licensed physician as to the existence of or freedom from any venereal disease, and, except as otherwise herein provided, it shall be unlawful for the county clerk of any county to issue a license to marry to any person who fails to present for filing with such county clerk a certificate signed by such physician setting forth that such person to the proposed marriage is free from venereal diseases as nearly as can be determined by a thorough physical examination and such standard microscopic and serological tests as are necessary for the discovery of venereal diseases. If, on the basis of negative laboratory and clinical findings the physician in attendance finds no evidence of venereal diseases, he shall issue a certificate to that effect to the examinee, which certificate shall read as follows, to-wit:

**Examination of
Applicants for
License to
Marry**

I, (Name of Physician) being a physician, legally licensed to practice in the State of (my credentials being filed in the office of in the City of County of State of) do certify that I did on the day of 19.... make a thorough examination of and considered the result of a microscopical examination for gonococci and an approved serological test for syphilis, which was made at my request, and believe to be free from all venereal diseases.

.....
Signature of Physician.

.....
Signature of Person Examined.

Such certificate of negative findings as to each of the parties to a proposed marriage to which laboratory reports of microscopical examinations of smears from the genitalia for the gonococcus of gonorrhea and serologic tests for syphilis are attached, shall be filed with the county clerk of the county wherein the marriage is to be solemnized at the time application is made for a license to marry. Laboratory tests for venereal diseases required hereunder shall be tests approved by the State Department of Public Health

and shall be made by laboratories of said Department or by such other laboratories as are approved by said Department. Such tests as may be made by the health departments of cities, villages and incorporated towns maintaining laboratories shall be free of charge. The results of all laboratory tests shall be reported on standard forms prescribed by the State Department of Public Health.

Whenever any such physician's certificate is required by the provisions of this section, the person whose name is set forth therein as the person who was examined by such physician shall sign such certificate in the presence of such physician before such certificate is filed in the office of the county clerk.

Pregnancy

Irrespective of the results of laboratory tests and clinical examination, the clerks of the respective counties shall issue a marriage license to parties to a proposed marriage (a) when the woman is pregnant at the time of such application, and (b) when the woman has, prior to the time of application, given birth to an illegitimate child which is living at the time of such application and the man making such application makes affidavit that he is the father of such illegitimate child. The county clerk shall, in lieu of the health certificate required hereunder, accept, as the case may be, either an affidavit on a form prescribed by the State Department of Public Health, signed by a physician duly licensed in this State, stating that the woman is pregnant, or a copy of the birth record of the illegitimate child, if one is available in this State, or if such birth record is not available, an affidavit signed by the woman that she is the mother of such child.

Special Certificate

Also irrespective of the results of laboratory tests and clinical examination, the clerks of the respective counties shall issue a marriage license to parties to a proposed marriage when, after investigation, the Director of the State Department of Public Health, or his duly authorized representative, issues or causes to be issued a certificate that such marriage may be consummated without serious danger to the health of either party to the proposed marriage, or to any issue of such marriage.

Any county clerk who unlawfully issues a license to marry to any person who fails to present for filing the certificate provided for in this Act or who refuses to issue a license to marry to any person legally entitled thereto under this Act, or any physician who knowingly and wilfully makes any false statement in the certificate or permits any person to sign such certificate as the person examined other than the per-

son named by the physician in such certificate as the person examined, or any party or parties having knowledge of any matter relating or pertaining to the examination of any applicant for license to marry, who discloses the same, or any portion thereof, except as may be required by law, shall upon proof thereof, be punished by a fine of not less than \$100.00 nor more than \$500.00 for each and every offense.

Any person who obtains any license to marry contrary to the provisions of this section shall, upon conviction thereof, be punished by a fine of not less than \$100.00 or by imprisonment in the county jail for not less than three (3) months or by both such fine and imprisonment.

Any license to marry issued hereunder, is void thirty (30) days after the date thereof.

* * * * *

AN ACT to enable counties or cities to segregate and treat persons suffering from certain communicable diseases. Par. 389-392, Chapter 23, Illinois Revised Statutes 1943.

389. COUNTY OR CITY AUTHORIZED TO SEGREGATE AND TREAT DISEASED PERSONS.] Sec. 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly: That any county or city may by ordinance or order provide for the segregation and treatment of persons suffering from communicable venereal diseases.

390. HOSPITALS.] Sec. 2. Such counties or cities may provide for the procurement and maintenance of hospitals, sanitaria or clinics or for the segregation or treatment in hospitals, sanitaria or clinics already established and pay the cost and expenses thereof from the public funds of such county or city.

391. WHO TO ADMIT.] Sec. 3. Any person suffering from any communicable venereal disease may apply to the county or city clerk, the clerk of any County or City Court or to any peace officer for admission to treatment in such county or city hospital, sanitarium or clinic and it shall be the duty of such officer to refer such applicants to the director or person in charge of such institution to treat such applicant as the case may require.

392. PERSONS CHARGED WITH CRIME TO BE TREATED.] Sec. 4. When it appears to any judge or justice of the peace from the evidence or otherwise that any person coming before him on any criminal charge may be suffering from any communicable venereal disease, it shall be the duty of such judge or justice of the peace to refer such person to the director

of such hospital, sanitarium or clinic, or to such other officer as shall be selected or appointed, for the purpose of examining the accused person, and if such person be found to be suffering from any communicable venereal disease, he or she may by order of the court be sent for treatment to a hospital, sanitarium or clinic if any be available and if necessary to be segregated for such term as the court may impose at such hospital, sanitarium or clinic.

III. DECISIONS OF THE SUPREME COURT AND OPINIONS OF THE ATTORNEY GENERAL

**Power
to Detain
Suspected
Cases**

Excerpts from—*People v. Strautz*, 386 Illinois 360:

"The power to detain a person who is suspected of having a contagious disease rests in the police power of the State. When a state employs its police power to safeguard the public health it may act in a summary manner even though the result is to deprive a citizen of his liberty. Such powers were recognized and approved in *People ex rel. Barnmore v. Robertson*, 302 Ill. 422, at page 427, where we hold: 'Among all the objects sought to be secured by governmental laws none is more important than the preservation of public health. The duty to preserve the public health finds ample support in the police power, which is inherent in the State and which the State cannot surrender. Every state has acknowledged power to pass and enforce quarantine health and inspection laws to prevent the introduction of disease, pestilence and unwholesome food, and such laws must be submitted to by individuals for the good of the public. The constitutional guarantees that no person shall be deprived of life, liberty or property without due process of law, and that no state shall deny to any person within its jurisdiction the equal protection of the laws, were not intended to limit the subjects upon which the police power of a state may lawfully be asserted in this any more than in any other connection'."

* * * * *

"It may be pointed out that a venereal disease most often exists within the veil of secrecy. Certainly one who is charged with soliciting to prostitution and one of lewd and lascivious character is one who may first be suspected of carrying such dreadful affliction. It is most reasonable to suspect that both of the petitioners, if carrying on the practice of prostitution, are indiscriminate and promiscuous in their bodily contacts and are natural subjects and carriers of venereal disease. In the instant case it was therefore logical and natural that suspicion immediately be cast upon them and necessity dictate a physical examination of their persons. The citizens of East St. Louis, the war workers and soldiers in its vicinity are entitled to protection against social diseases. Petitioners furthermore have agreed, for the purpose of this suit, that their arrest was legal and proper, that the com-

plaints later filed and the warrants issued likewise are legal and proper. Such being the case, their detention for examination by the clinic as suspects carrying venereal diseases is likewise reasonable and proper. . . .”

* * * * *

“Section 4 violates no part of the Criminal Code since it is based upon the police power of the State and does not fall within the provisions of the Criminal Code. This likewise answers the contention that the petitioners were held without bail, since quarantine under the police provisions naturally implies such a detention and demands it.”

* * * * *

**Rules and
Regulations
Have the
Force of Law**

The Supreme Court, in the case of *People vs. Robertson*, 302 Illinois 427, held that the State Department of Public Health has authority to determine what is a contagious or infectious disease and to isolate persons infected therewith or who are carriers thereof.

It was further held that the State Department of Public Health has authority to make and promulgate Rules and Regulations necessary to the exercise of its powers and that such Rules and Regulations have the force of law.

ILLINOIS ATTORNEY GENERAL'S REPORT AND OPINIONS

Opinion No. 120 (March 16, 1942) (Excerpts)
HEALTH—QUARANTINE.

**Regarding the
Power of
Quarantine**

“The Department of Public Health has the power to make and enforce reasonable rules and regulations to prevent the spread of contagious and infectious diseases; this includes the power to impose quarantine restrictions.

“Typhoid fever carriers may be quarantined.

“If the Department of Public Health has reasonable grounds to believe that an individual is a typhoid carrier, he may be quarantined.

“In a proper exercise of its powers the Department of Public Health may require an examination of a person who it has reasonable grounds to believe is a typhoid carrier, and if he refuses to submit to such examination for the purpose of determining whether he is a typhoid carrier, he may be quarantined.

“Quarantine is not the only alternative if a person suspected of being a typhoid carrier refuses to submit to an examination; in a proper case such person may be subjected to a fine or imprisonment under Section 24, Chapter 111½, Illinois Revised Statutes 1941.”

Quarantine
In Relation to
Venereal
Disease
Control

APPLICATION OF OPINION NO. 120 TO
VENEREL DISEASE CONTROL (Ex-
cerpt from letter from Attorney General to
Director of Department of Public Health).

"In reply to your communication of December 29, 1943, your attention is directed to Opinion No. 120, addressed to you under date of March 16, 1942, concerning the examination or isolation of typhoid contacts. What was said in that opinion with respect to typhoid is, in my opinion, equally applicable to venereal disease."

IV. DIVISION OF VENEREAL DISEASE CONTROL—ADMINISTRATION

Administration

The Division of Venereal Disease Control is one of the fifteen divisions set up by the Director of the Department of Public Health. It is administered by the Chief of this Division, who also serves as venereal disease control officer for the State of Illinois. The administrative responsibility for all local venereal disease activities, including venereal disease clinic management is assumed by the full time city, county, or district health officers. They perform the duties of the venereal disease control officer in the localities under their jurisdiction. All venereal disease control programs are carried on with the approval and co-operation of the local county medical societies.

The venereal disease control program of the State of Illinois is based on the well-known public health principles. The objectives of this program are:

Objectives

1. To diagnose as early as possible every case of venereal disease. (Case Finding)
2. To institute competent medical care as soon as diagnosis is made. (Treatment Provision) Isolation of suspected sources and quarantine of infectious cases. (Prevention of Spread)
3. To keep infectious cases under medical care until they are no longer a menace to society or to themselves. (Case Holding)
4. To prevent new infections by medical, educational and legal measures. (Prevention)

Laboratory Services

Free laboratory services for all physicians in the State of Illinois include smears and cultures for gonorrhea, blood serology, darkfield and spinal fluid examinations for syphilis. Kahn verification tests are done only at the Chicago Branch Laboratory at 1800 West Fillmore Street.

Drug Distribution

Free drugs are furnished for all reported cases of gonorrhea and syphilis. These include sulfathiazole, neoarsphenamine, arsenoxide, sulpharsphenamine, tryparsamide, acetarsone, bismuth, mercury, sodium thiosulphate and calcium gluconate.

Venereal Disease Clinics

The establishment of venereal disease clinics is recommended only in those communities where little or no provision is made for the treatment of indigent syphilis and gonorrhea patients. The policy is to establish these clinics with the cooperation of the

local county medical society, which recommends the clinician in charge, as well as the public health clinic nurse. The full-time city, county or district health officer is responsible for the administrative control of the venereal disease clinic in his jurisdiction. The township or county supervisors are responsible for the provision and maintenance of suitable quarters. The State Department of Public Health furnishes all the necessary equipment, drugs, and laboratory services, and provides for the salary of the clinician in charge and of the public health clinic nurse. There are thirty-five clinics located in downstate Illinois.

City and County	Address
Alton, Madison	Krug Building
Aurora, Kane	Lincoln Building
Berwyn, Cook.....	6600 West 26th Street
Belleville, St. Clair.....	Commercial Building
Bloomington, McLean	Eddy Building
Cairo, Alexander	Marine Hospital
Calumet City, Cook.....	138 Pulaski Road
Canton, Fulton..First State Bank and Trust Building	
Centralia, Marion.....	122 E. Broadway
Champaign-Urbana, Champaign ..	505 S. Fifth Street
Chicago Heights, Cook.....	St. James Hospital
Decatur, Macon....Decatur-Macon County Hospital	
East St. Louis, St. Clair.....	112 North Fifth Street
Evanston, Cook.....	1806 Maple Avenue
Galesburg, Knox.....	Bank of Galesburg Building
Granite City, Madison.....	Darner Building
Harvey, Cook.....	15430 Parle Avenue
Herrin, Williamson.....	110 Cherry Street
Jacksonville, Morgan.....	Passavant Hospital
Joliet, Will.....	21 East Van Buren Street
La Salle, La Salle.....	Hygienic Institute
Macomb, McDonough.....	124½ N. Lafayette Street
Marion, Williamson.....	City Hall
Mattoon, Coles.....	1632½ Broadway
Maywood-Melrose Park, Cook.....	
154 Broadway, Melrose Park
Metropolis, Massac..County Court House—2nd Floor	
Moline, Rock Island.....	1530 Second Avenue
Peoria, Peoria.....	508 Main Street
Quincy, Adams.....	Majestic Building
Rockford, Winnebago.....	Mead Building
Robbins, Cook.....	3421 West 137th Street
Salem, Marion.....	James Building
Shawneetown, Gallatin.....	Court House
Springfield, Sangamon.....	St. John's Hospital
Waukegan, Lake.....	20 S. Utica Street

Consultation Services

Consultation services are furnished free of charge, at the request of the attending physician, by the venereal disease control officer or consultant syphilologist, as well as by all state clinicians in charge of the venereal disease clinics.

Professional educational materials available to physicians include publications on various phases of gonorrhea and syphilis; motion pictures; and pre-scheduled treatment outlines based upon the principles of treatment recommended by the Cooperative Clinical Group. Refresher or post graduate courses are given periodically at the Chicago Municipal Social Hygiene Clinic. All physicians are invited to attend, without charge.

Epidemiology

The success of the control of syphilis and gonorrhea depends very largely upon the careful tracing of every infection to its original source and the investigation of every person whom the patient might have exposed. All venereal disease investigations must be made with the permission and cooperation of the physician reporting and treating the case. Routine epidemiological investigations are made in all cases of primary and secondary syphilis, gonorrhea and certain other types of venereal diseases needing special investigation; and in all cases when there are reasonable grounds to believe a person may be suffering from a venereal disease or may have been exposed to a venereal disease.

Epidemiological investigations are made by city, county or district health officers, communicable disease investigators, nurses, deputized quarantine officers and other staff investigators.

Investigation Staff

Follow-up services for patients who have discontinued or interrupted their courses of treatment with private physicians are undertaken by the above-mentioned investigators. Every effort is made to return infectious cases for further treatment to the physician who originally reported the case.

Follow-Up Procedure**HOSPITAL FACILITIES IN DOWNSTATE ILLINOIS**

In accordance with authority vested by law (Section 55, Paragraph 1, of the Civil Administrative Code and Section 22, Paragraph 2, State Board of Health Act), in the State Department of Public Health, the Director of the State Department of Public Health has designated and declared the Alton, Chicago, East Moline, Kankakee and Peoria State Hospitals as quarantine detention hospitals for the purpose of accepting and retaining under quarantine, until such time as they may be released without danger of spreading to others, any patient suffering from

any communicable venereal disease who may be brought to such hospital or institution by State or local health officials for the purpose of quarantine and treatment.

Under the same authority cited above, the Director appointed the Managing Officers of the above mentioned state hospitals as Quarantine Officers of the State Department of Public Health in said hospitals.

The quarantine detention hospitals are:

- Alton State Hospital
- Chicago State Hospital
- East Moline State Hospital
- Kankakee State Hospital
- Peoria State Hospital

Arrangements should be made through the city, county or district health officers.

Through the cooperation of the Department of Public Welfare facilities have been provided in the state hospitals listed below for the administration of fever therapy to cases diagnosed as asymptomatic cerebro-spinal syphilis, based upon a positive spinal fluid examination. These patients are regarded as voluntary or guest admissions.

- Alton State Hospital
- Anna State Hospital
- East Moline State Hospital
- Peoria State Hospital
- Jacksonville State Hospital
- Kankakee State Hospital
- Chicago State Hospital
- Elgin State Hospital
- Manteno State Hospital

Arrangements should be made through the city, county or district health officers.

The Department of Public Health will pay private physicians at an established fee rate for the treatment of indigent cases of infectious venereal diseases in those cities where no venereal disease clinic exists and also in areas which are too far distant from any established venereal disease clinic. Authorization for treatment by private physicians is issued only by the Chief of the Division of Venereal Disease Control.

Arrangements should be made by the city, county and district health officers.

Quarantine Hospitals

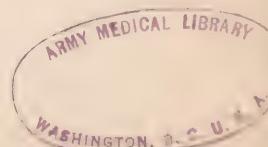
Method of Admission

Fever Therapy

Method of Admission

Treatment of Indigents by Private Physicians

Method of Authorization



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